

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)

Serial No.  
Applicant's Name  
**10/552708**

DESI AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					S1					
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TOTAL AM.	1	↓			↓		↓	TOTAL AM.	↓			↓	
TOTAL DEP.	5	←			←		←	TOTAL DEP.	←			←	
TOTAL CLMNS	6	████████			████████		████████	TOTAL CLMNS	████████			████████	